

AMENDMENT TRANSMITTAL FORM

In re application of: David E. W. Vaughan, et al.  
U. S. Serial No.: 10/550,484

) Before the Examiner  
) Unassigned

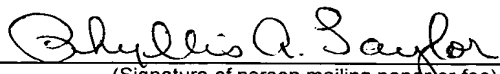
International Application No. PCT/US04/10219  
International Application Filing Date: April 2, 2004

) Confirmation Number: 1611

For: MODIFICATION OF FERRIERITE CATALYSTS BY  
AQUEOUS TREATMENT

) Family Number: P2003J030

Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

<input checked="" type="checkbox"/> "Express Mail" mailing label number	EQ766439318US	Date of Deposit	July 21, 2006
I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.			
PHYLLIS A. TAYLOR			
(Type or print name of person mailing paper or fee)		(Signature of person mailing paper or fee)	

Transmittal herewith is an amendment/response in the above-identified application.

Petition for extension of time pursuant to 37 CFR 1.136 and 1.137 is hereby made, if and to the extent, required. The fee for this extension of time is calculated to be \$ 120.00 to extend the time for filing this response until AUGUST 11, 2006

The fee for any changes in number of claims has been calculated as shown below.

CLAIMS AS AMENDED						
(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest Number Previously Paid For	(5) Present Extra	(6) Rate	(7)
Total Claims	*	Minus	**		x 50.00	
Indep. Claims	*	Minus	***		x 200.00	
MULTIPLE DEPENDENT CLAIM FEE					\$360.00	
FEE FOR CLAIM CHANGES						

- \* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The total fee for this SUBMISSION OF DECLARATION, including claim changes and any extension of time is calculated to be \$ 120.00

☒ Charge \$ 120.00 to Deposit Account No. 05-1330.

☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 and 1.17 which may be required by this paper, or credit any overpayment, to Deposit Account No. 05-1330. A duplicate copy of this Form is enclosed.

19 July 2006  
DATE OF SIGNATURE

  
ATTORNEY OR AGENT OF RECORD

Post Office Address: [to which correspondence is to be sent]  
ExxonMobil Research and Engineering Company  
P. O. Box 900  
Annandale, New Jersey 08801-0900

Paul E. Purwin  
Registration No. 29,203

☒ Pursuant to 37 CFR 1.34(a)

Facsimile Number: (908) 730-3649

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